

ADULT MENTAL ILLNESS

"DIAGNOSIS
AND
TREATMENT"

BY DR. LORI DEROSEAR
ST. LOUIS PSYCHIATRIC REHABILITATION
CENTER

PROGRAM OBJECTIVES

- ~ OVERVIEW OF THE DSM-IV/TR – DIAGNOSTIC MANUAL
- ~ OVERVIEW OF COMMON MENTAL ILLNESSES
- ~ GENERAL TYPES OF MENTAL ILLNESS
- ~ CAUSES OF MENTAL ILLNESS
- ~ SIGNS / SYMPTOMS OF MENTAL ILLNESS
- ~ GENERAL TREATMENT ISSUES
- ~ SPECIFIC MEDICATION ISSUES

DSM IV TR – DIAGNOSTIC MANUAL

~ AXIS I -

~ MAJOR MENTAL ILLNESS

~ ALCOHOL / SUBSTANCE ABUSE

~ AXIS II -

~ PERSONALITY DISORDERS

~ MENTAL RETARDATION

~ AXIS III - MEDICAL ILLNESS

~ AXIS IV - LIFE STRESSORS

~ AXIS V - (GAF) FUNCTIONING LEVEL

CAUSES OF MENTAL STATUS CHANGES

~ GENERAL CATEGORIES

~ MENTAL ILLNESS

~ ALCOHOL / SUBSTANCE ABUSE

~ MEDICAL ILLNESS

~ POST SURGICAL CONDITIONS

~ HEAD TRAUMA

~ MEDICATION

COMMON TYPES OF MENTAL ILLNESSES

~ DEPRESSIVE DISORDERS

~ BIPOLAR DISORDERS

~ ANXIETY DISORDERS

~ SCHIZOPHRENIA DISORDERS

~ PERSONALITY DISORDERS

~ ALCOHOL / SUBSTANCE USE DISORDERS

SUBTYPES OF MENTAL ILLNESS

- ~ BEING VERY SPECIFIC ABOUT THE SPECIFIC SUBTYPE OF THE ILLNESS HELPS DEFINE TREATMENT OPTIONS
- ~ FOR EXAMPLE: THERE ARE AT LEAST 10 DIFFERENT SUBTYPES OF ANXIETY DISORDERS EACH RESPONDING TO DIFFERENT MEDICATION AND/OR PSYCHOTHERAPY APPROACHES

MENTAL STATUS CHANGES "TARGET SYMPTOMS"

BEHAVIORAL

ADL'S

MOOD

MOTOR

PERSONALITY

SENSORY

PERCEPTUAL

ENERGY

THINKING

SOMATIC

SPEECH

COGNITIVE

EACH PERSON HAS:

- ~ DIFFERENT COMBINATIONS OF "TARGET SYMPTOMS"
- ~ DIFFERENT INTENSITY / COMPLEXITY OF "TARGET SYMPTOMS"
- ~ DIFFERENT LEVEL OF IMPAIRMENT IN SOCIAL AND OCCUPATIONAL FUNCTIONING
- ~ DIFFERENT PAST/CURRENT STRESSORS

WORKUP

~ PATIENT/FAMILY HISTORY

~ DEVELOPMENTAL

~ EDUCATIONAL

~ SOCIAL

~ LEGAL

~ MEDICAL

~ PSYCHIATRIC

WORKUP

- ~ REVIEW OF SYSTEMS
- ~ PHYSICAL EXAM
- ~ NEUROLOGICAL EXAM
- ~ MENTAL STATUS EXAM
- ~ LAB/RADIOLOGY STUDIES

DEPRESSION SYMPTOMS

- ~ ONSET – WEEKS / MONTHS
- ~ SAD/UNHAPPY/DOWN IN THE DUMPS
- ~ ANXIETY / WORRY
- ~ CHANGE IN SLEEP
- ~ CHANGE IN APPETITE
- ~ SOCIAL WITHDRAWAL / ISOLATION
- ~ DECREASED ENERGY / APATHY / FATIGUE
- ~ SLOWED SPEECH / MOVEMENT

DEPRESSION SYMPTOMS

- ~ MEMORY / CONCENTRATION PROBLEMS
- ~ LOSS OF INTEREST / PLEASURE
- ~ LOSS OF SELF ESTEEM
- ~ FEELING HOPELESS, HELPLESS, WORTHLESS
- ~ SUICIDAL THOUGHTS
- ~ SOMATIC (PHYSICAL) COMPLAINTS
- ~ CAN DEVELOP "PSYCHOTIC" SYMPTOMS LIKE DELUSIONS AND HALLUCINATIONS

ANXIETY SYMPTOMS

~ SHARE ESSENTIALLY SAME SYMPTOMATOLOGY AS DEPRESSIVE DISORDERS WITH THE ADDITION OF:

~ PANIC ATTACKS

~ FLASHBACKS

~ OBSESSIVE / COMPULSIVE BEHAVIORS

~ SWEATING

~ TREMORS

~ RACING PULSE

BIPOLAR SYMPTOMS

- ~ ONSET USUALLY BETWEEN 20-30 Y/O
- ~ HISTORICALLY CALLED MANIC DEPRESSIVE DISORDER
- ~ DISTINCT EPISODES USUALLY LASTING FOR MONTHS AT A TIME – SAME TIMES OF THE YEAR OF :
 - ~ MANIC SYMPTOMS
 - ~ DEPRESSIVE SYMPTOMS

BIPOLAR SYMPTOMS

~ MANIC EPISODE SYMPTOMS INCLUDE:

~ TALKITIVENESS

~ RESTLESSNESS / PACING

~ DECREASED SLEEP / APPETITE

~ RACING THOUGHTS

~ EUPHORIA

~ IRRITABILITY

~ INCREASED LIBIDO

~ DISTRACTIBLE / POOR CONCENTRATION

BIPOLAR SYMPTOMS

~ DEPRESSIVE EPISODE SYMPTOMS
INCLUDE:

~ SAME AS DEPRESSIVE DISORDER

SCHIZOPHRENIA SYMPTOMS

~ DELUSIONS

~ HALLUCINATIONS

~ ANHEDONIA

~ ALOGIA

~ ANERGIA

~ DECREASED CONCENTRATION

~ DECREASED ATTENTION

~ DISORGANIZED / ILLOGICAL SPEECH

SCHIZOPHRENIA SYMPTOMS

- ~ INABILITY TO EXPRESS FEELINGS APPROPRIATELY
- ~ BIZARRE BEHAVIOR
- ~ IMPAIRED REALITY TESTING
- ~ CONFUSED / ILLOGICAL THINKING
- ~ SUSPICIOUS, HOSTILE, FEARFUL
- ~ DECREASE IN PERSONAL HYGIENE

PERSONALITY DISORDERS

~ TYPES

~ CHARACTERISTICS

~ FEATURES

~ TRAITS

~ CONCURRENT DIAGNOSES

~ RESPONSE TO TREATMENT

PERSONALITY DISORDER TYPES

~ PARANOID

~ SCHIZOID

~ SCHIZOTYPAL

~ ANTISOCIAL

~ BORDERLINE

~ HISTRIONIC

~ NARCISSISTIC

~ DEPENDENT

~ AVOIDANT

~ OBSESSIVE COMPULSIVE

PERSONALITY DISORDER CRITERIA

- ~ PERVASIVE MALADAPTIVE PATTERN OF THOUGHT AND BEHAVIOR STARTING IN CHILDHOOD / ADOLESCENCE
- ~ PERSONAL DISTRESS, OR ADVERSE IMPACT ON THE SOCIAL ENVIRONMENT
- ~ COGNITION
- ~ AFFECTIVITY
- ~ IMPULSE CONTROL
- ~ MANNER OF RELATING TO OTHERS

ISSUES TO IMPROVE CARE

- ~ ESTABLISHING / MAINTAINING A THERAPEUTIC ALLIANCE
- ~ MAINTAIN CONSISTENT COMPREHENSIVE TREATMENT PLAN
- ~ CLOSELY MONITOR STATUS
- ~ PROVIDE EDUCATION / SUPPORT
- ~ PRESERVE CONTINUITY OF CARE

ISSUES TO IMPROVE CARE

- ~ ENCOURAGE / MONITOR COMPLIANCE
- ~ ADDRESS PSYCHOSOCIAL STRESSORS
- ~ PROMOTE EARLY RECOGNITION OF DECOMPENSATION / RELAPSE THROUGH IDENTIFICATION OF "TARGET SYMPTOMS"
- ~ RELIEVE FAMILY DISTRESS AND IMPROVE FAMILY FUNCTIONING

TREATMENT

- ~ INCREASE INSIGHT INTO / RECOGNITION OF "TARGET SYMPTOMS"
- ~ SET STRUCTURED ROUTINE / SCHEDULE
- ~ GET REGULAR EXERCISE - EAT HEALTHY FOOD
-NORMALIZE SLEEP
- ~ COMBINATION OF MEDICATION AND PSYCHOTHERAPY ALWAYS THE BEST

ANTIDEPRESSANT MEDICATION

~ PAXIL

~ ZOLOFT

~ PROZAC

~ EFFEXOR

~ REMERON

~ CELEXA

~ CYMBALTA

~ WELLBUTRIN

~ DESYREL

~ TOFRANIL

~ SINEQUAN

~ ELAVIL

~ ASCENDIN

~ LUVOX

ANTIANXIETY MEDICATIONS

~ LORAZEPAM

~ XANAX

~ VALIUM

~ LIBRIUM

ANTIMANIC MEDICATION

~ LITHIUM

~ TEGRETOL

~ DEPAKOTE

~ LAMOTRIGINE

~ GABAPENTIN

ANTIPSYCHOTIC MEDICATION

~ RISPERDAL

~ ZYPREXA

~ SEROQUEL

~ ZIPRASIDONE

~ CLOZARIL

~ ABILIFY

~ LOXITANE

~ THORAZINE

~ STELAZINE

~ PROLIXIN

~ SERENTIL

~ MELLARIL

~ HALDOL

GENERAL PRESCRIBING GUIDELINES

- ~ START ONE MEDICATION AT A TIME
- ~ START LOW / GO SLOW
- ~ DON'T OVER / UNDER TREAT
- ~ HAVE CLIENTS / FAMILY KEEP JOURNAL
- ~ DON'T EXPECT QUICK FIXES
- ~ MEDICATION TAKES 1-3 MONTHS TO WORK

GENERAL PRESCRIBING GUIDELINES

- ~ DON'T SETTLE FOR BETTER / STRIVE FOR PERFECT
- ~ PAY LOTS OF ATTENTION TO MEDICATION INTERACTIONS
- ~ REAL CHANGE HAPPENS IN WEEKS NOT DAYS
- ~ MEDICATION DOESN'T HELP EVERYTHING

SIDE EFFECTS

- ~ DRY MOUTH
- ~ BLURRED VISION
- ~ CONSTIPATION OR DIARRHEA
- ~ INSOMNIA OR HYPERSOMNIA
- ~ WEIGHT GAIN OR WEIGHT LOSS
- ~ MUSCLE STIFFNESS
- ~ SLOWED GAIT
- ~ TREMORS

SIDE EFFECTS

- ~ RESTLESSNESS / PACING
- ~ IRRITABILITY / AGITATION
- ~ DECREASED LIBIDO
- ~ SEDATION / FATIGUE
- ~ DIZZINESS
- ~ BLOOD PRESSURE CHANGES
- ~ HYPERTHERMIA
- ~ PHOTSENSITIVITY

SIDE EFFECTS

- ~ SIDE EFFECTS ARE COMMON
- ~ SIDE EFFECTS MOST LIKELY DURING THE FIRST MONTH OF TREATMENT / TEND TO SUBSIDE OVER TIME
- ~ NEED TO MAKE SURE ALL PHYSICIANS ARE AWARE / IF YOU DON'T TELL THEM THEY WON'T KNOW
- ~ MEDICATION CHANGE WARRANTED IF SIDE EFFECTS INTOLERABLE

SUMMARY / CONCLUSION

- ~ THE NEW KNOWLEDGE IN THIS AREA OF DIAGNOSIS AND TREATMENT OF MENTAL ILLNESS IS EXTENSIVE
- ~ PROGNOSIS IS BETTER THAN EVER BEFORE
- ~ BUT A VERY COMPLICATED AREA – TAKES TIME TO HEAL
- ~ MULTIPLE SERVICE PROVIDERS COMMONLY NEEDED